

Application or Dental Number 1800-13Application or Dental Number 1800-13

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MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.1610)

* If the difference in column 1 is less than zero, enter "0" in column 2.

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(Column 1)	(Column 2)	(Column 3)
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- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

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